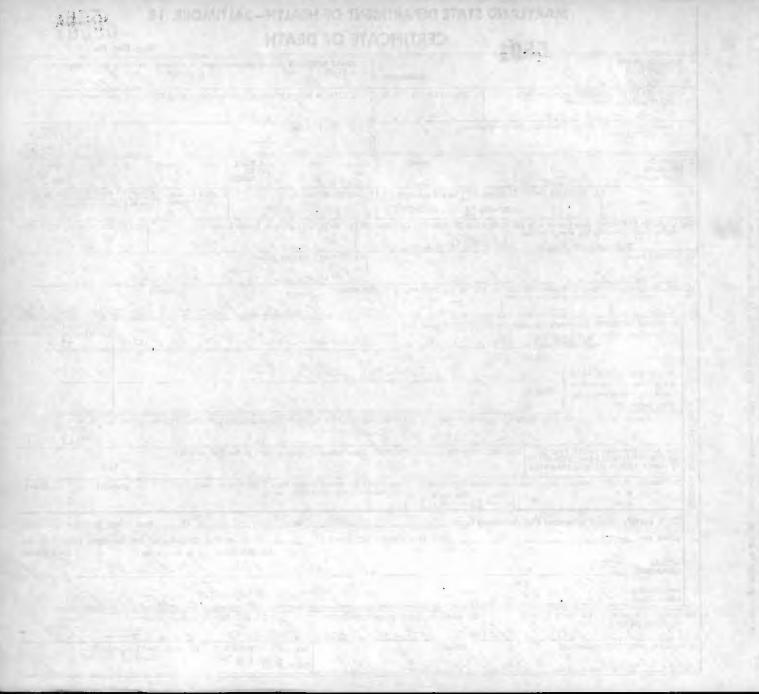
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH ιf Rea, Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY be filed D. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate fimils, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL ong Dive neorest lown) mana d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES TO NO N NAME OF DECEASED Sires Middle 4. DATE (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 5. SEX 9. AGE (in years of UNDER I YEAR IF UNDER 24 HRS lost birthdoy Months Doys Hours WIDOWED IN DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Glote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER SNAME 14 MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. HYPORMANI (If yes, give wor or dutes of service) ottending p 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stoling the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port 1) of item 18. 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work D. M. alive an , and that death occurred at _____M, from the causes and on the date stated above. ADDRESS (Street, city or town, state ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 238. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. page (Stote) 23. FUNERAL DIRECTOR'S SIGNATUR 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Orthur S. Thank 15M 10/S7



5592 ours after death. Page 4 ely filled in by the funeral director, Pages 1 and 2 should be filed with may flained by the hospital ar attending physician.

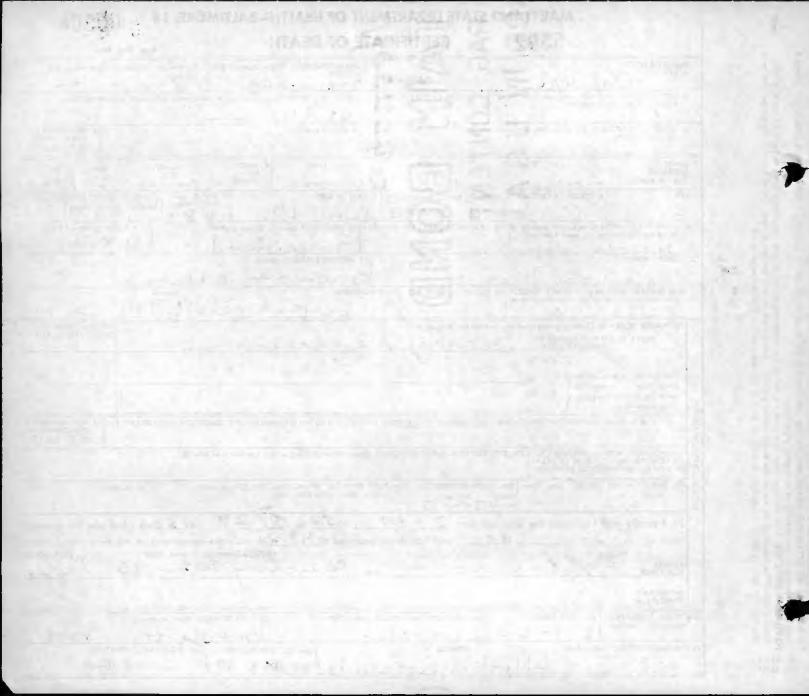
TO FUNEKAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached for use as the burial-transit permit. Then please remeve carban papers. Pages 1 the registrar prior to burial, crematian, ar remaval, and in any event within 72-750% after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

05568 Reg. Dist. No.

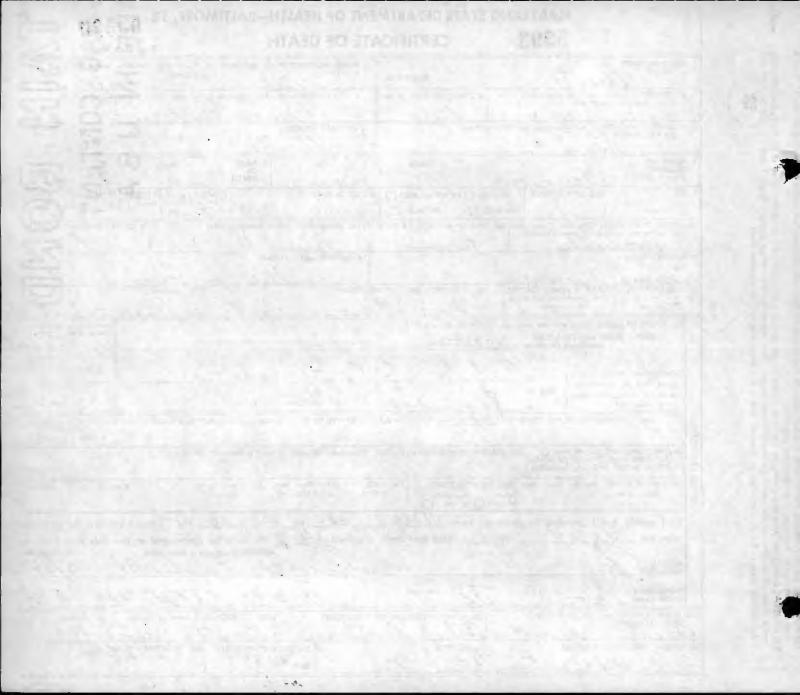
-									
1	PLACE OF DEATH	alvert		MARYLAND	2. USUAL RESIDENCE (VO. STATE		If institution: Residence	before admission)	
7	RURAL and give	(If outside corporate limit	s, write c. LENGTI	H OF STAY IN 16	CCITY OR TOWNSHIP	outside corporate lim	ils, write RURAL and gi	ve negresi town)	
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, gi	ive street address)		d. STREET ADDRESS			e. IS RESIDENC ON A FARM YES NO	47
3.	NAME OF DECEASED (Type or print)	forms	-	Middle	last	4. DATE OF DEATH	Month	Day Year	0
	SEX	6. COLOR OR RACE	WIDOWED 🔀	DIVORCED	DOTE OF BIRTH	9. AGE lost	Total III	YEAR IF UNDER 24 H	
L	during most at wor	ON (Give kind of work d king life, even if retired)	lone 10b, KIND OF B	USINESS OR INDUS	mar	yland	12. CITIZ	SA.	VTRY?
	E. FATHER'S NAME	only T	Telso	77.	14. MOTHER'S MAIDEN	NAME	elson.		
	(es, no, or unknown)	ER IN U. S. ARMED FORG		CURITY NO. 17. IN	nauge:	will	Address de	liven	no
7	Canditions, if a gave rise to couse (o), stating lying couse lost.	the under-	Coron	ay &	relee			INTERVAL BETWEFI	(H
CERTIFICATION	PART II. OT				NOT RELATED TO THE TERA			19. WAS AUTOP PERFORMED? YES NO	?
		MEDICAL EXAMINER	ZUB. DESCRIBE HOW		. (Enter nature of injury in				
MEDICAL	20c. TIME OF INJUI Hour a.m. p.m.	RY Manih, Day, Yea 19	while Nat was work at wark	hile faci	CE OF INJURY (Home, for ory, street, office bldg., et	m. 20f. (City or low)	(Ca	unty) (Sie	ole)
	21. I certify the control of the control of the certific that the	the 2 tended the 2	10 10 2	2 - 10 and that death	1959, to 6 occurred of 43	PM, from the	, 19 & Ohat I lo causes and an the or town, states		oave.
22	REMOVAL (Specify	2 1 1	10	E OF CEMETERY OR	CREMATORY	Beuro	ty, lawn, ar county)	(State)	
23	FUNERAL DIRECTOR	'S SIGNATURE	ADDR	ESS	3 War	O BY REGISTRAR	24b. REGISTRAR'S SIGN		



VS A1S (4) 15M 10/57

	5593	CERTIFIC	CATE OF DEA	TH	Reg. Dist. N	
1. PLACE OF DEATH o. COUNTY	hert	MARYLAN		(Where deceased lived. If in b. CO	nstitution: Residence be	
RUBAL and give no	Thederess.	c. LENGTH OF STAY IN 1	c. CITY OR TOWN	outside corporote limits, vence The	write RURAL ondagive p	earest fown)
d. NAME OF HOSPIT OR INSTITUTION	ALM not in hospital, give street	oddress)	d. STREET ADDRESS	ute #/		e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fannie	Middle // /	Bower	4. DATE OF DEATH	Month (Day Yeor
SEX Z	WIDOW	7	Oct 22 1	1869 9. AGE (In lost by the	years IF UNDER I YEAR	Hours Min.
On. USUAL OCCUPATION during most of work	ON (Give kind of work done 10b. ling life, even if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE IST	ale or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Dennia	Monnett		14. MOTHER'S MAIDE	NAME BO	aren 1	
	R IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	Terry J.	Borren La	Address Prince 7	Gederal)
		review	C.V. du	ease	IN OIL	TERVAL BETWEEN USET AND DEATH USEY
lying couse lost.	the under-	emicio	us and	inia		1 year
	ER SIGNIFICANT CONDITIONS (CONTRIBUTING TO DEATH I	EUT NOT RELATED TO THE TE	RMINAL DISEASE CONDITIO	N GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
THE FIRMER, NOTIFY	S UNDERLYING (1) 20b. DESI CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUI	RED. (Enter nature of injury	in Port I ar Port II of item 11	В.)	
20c. TIME OF INJURY Hour o.m. p. m.	Y Month, Doy, Year 20d. II While of wor	Not while	PLACE OF INJURY (Home, for foctory, street, office bldg.,	orm, 20f. (City or town)	(County	(Stote)
actual signature Physician's	at I altended the decease y y , 196 AGE O T T T T T T T T T T T T	ed from May	th occurred at 4	ADDRESS (Street, city or		
RO. BURIAL, CREMATION REMOVAL (Specify)	Moy 26 1960	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, 10	own, or country	(Stote)
G. G. Kes	SIGNATURE	ADDRESS /	24g. RI	MAY 2 6 60 24b.	REGISTRAR'S SIGNAT	BE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMODE 18



	OR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director,	stached for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 should be filed with	(
	physicion and complet	remove carbon popers.	2 hours after deoth.
	y the attending	Then please r	event within 73
the mapping of directioning physicion.	this certificate has been signed by	or use as the burial-transit permit.	burial, cremotion, or removal, and in any event within 72 hours after death.
חלפחות מנות	OR: After	etached fo	burial, c

MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	1
5594	CERTIFICATE OF DEATH	

8 (15571) CERTIFICATE OF DEATH Reg. Dist. No.

	LACE OF DEATH COUNTY Calver	.+	TYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Calvert.								
) b	. CITY OR TOWN (If outside corporate lim	YIN 15	042.702.0								
	RURAL and give n	rederick	1 50									
	I. NAME OF HOSPIT	TAL (If not in hospital,	give street addre	155}		West Beach , d. STREET ADDRESS le. 15 RESIG						
	Calvert County Hospital					1					ON A	FARM?
3. P	NAME OF	Fi		Midd	ile II.	lost	4 DATE	Mor	al.		-	
	PECEASED Type or print)	Ralp	4.7	,	uckmas		4. DATE OF DEATH			Oa		Yeor 19 60
5. \$	EX	6. COLOR OR RACE	7. MARRIED	NEVER MAR	RIED 8.	DATE OF BIRTH		9. AGE (In years last birthdoy)	IF UNDER		IF UND	
	Male	White	WIDOWED [DIVOR	CED [August 10.	1900	59 yrs.	Months	Doys	Hours	Min.
10a.	USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b. KIND	OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (SIG	ote or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTRY
	Farmer	ung me, even ir lenrec	FAR	MINE	2	Marylan	nd		T	ISA		
13. (FATHER'S NAME		1///	244.0		14. MOTHER'S MAIDEN				J 2/6. 4		
	Emory Buc	kmaster				Florer	nce Hal	17				
		R IN U. S. ARMED FOR		AL SECURITY N	IO. 17. INI	ORMANT		Add	ress			
[16).	216	(If yes, give war or dates of s	217	-32-16	SA B	uth Buckmas	ster. W	lest Beach	n. Md.			
		ATH [Enter only one co	ouse oer line for	(a) (b) and (c	The second secon		3002.	Dodo:	19 INICE		RVAL BE	TAVECAL
		TH WAS CAUSED BY:	10000	-MGU	8	1.	*			ONS	ET AND	DEATH
	IMMEDIATE CAUSE (o) ESTERIO DUE TO											
	Conditions if one which t											
	gove rise to i	mmediate		-								
	cause (o), stoling lying couse lost,	the under-)									
z		J (C	The state of the s	DIRLITING TO D	CATU AUT L	07 Bri 4 TPD TO THE TEO						
18	TAKE OF OTE	TER SIGNIFICATAL COR	DILIONS COM	KIBUTING TO D	EAIM BUIN	OT RELATED TO THE TER	(MINAL DISEA:	SE CONDITION GIV	EN IN PAR	1(0) 1	PERFO	RMED?
5	20- ACCIDENT WA	C IIII DERIVINO CI	201 DECCRISE	Limited th Linder							YES 🗌	NO 🔲
0	OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY	OCCURRED.	(Enter noture of injury i	in Part I or Pa	rt II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	While	Not white	20e. PLAC focio	E OF INJURY (Home, for ry, street, office bldg., o	orm, 20f. (Cit etc.)	y or lown)	(<	County)		(State)
		21-11-1-1-1		4-4	10	1048 2	30 MC	911 -				
1 6	1-2	at attended the	deceased fi		(0	1948 19	10 /60	19.00	Z,that I I	last sa	w the	deceased
	alive an	7N 2	1920	,-, and the	at death o	ccurred at	M, fra	m'the causes o		ne dal		1
11	ACTUAL X	1/1/00					ADDRESS (S	Street, city or town,	siate)	3	7/2	ATE SIGNED
	SIGNATURE	The			М.	D				/	121,	160
	PHYSICIAN'S NAME (Type)	George J. V	eems, l	I. D.		Huntingt	own. M	id.			•	
220.	BURIAL, CREMATIO)F 22c	NAME OF CE	METERY OR			TION (City, lown, o	or county)		(Stote	e)
10	REMOVAL (Specify)	TONE 2	1960 1	NESLE	EV C	EMETERV	1231	VOFFER	DIE	111	-	Mr.O.
23. 8	UNERAL DIRECTOR	S SIGNATURE	. /	ADDRESS	-	240. RE	C'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIC	NATUR	E	ALPY
61	· U. Tra	Muss &	was -	me	bust		JUN 3	1	Inchur d		MA	

SECURIOR STATE STATE STATEMENT OF PARTIES AND LINES. MTRAC NO STADISTIN

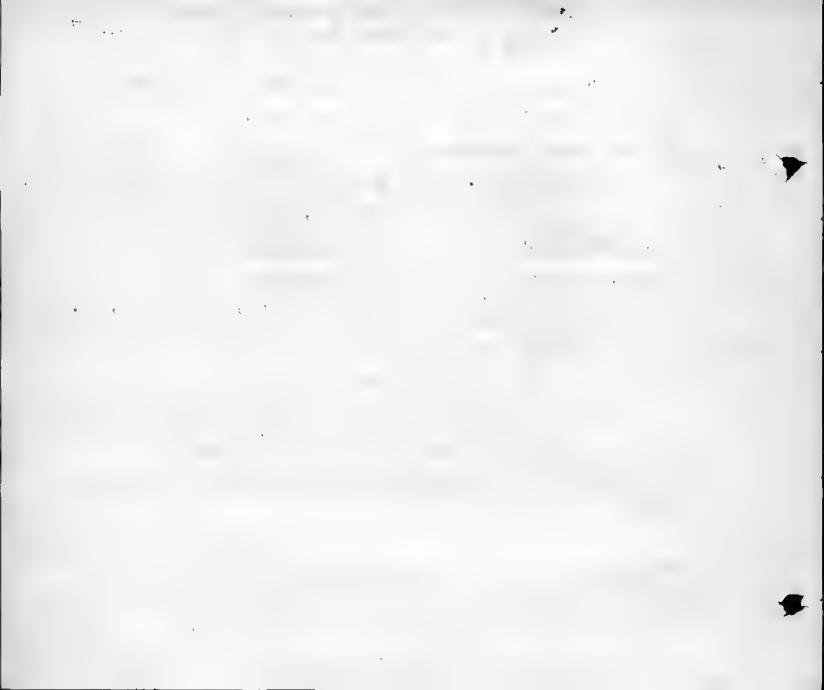
1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
2 8	15 to	559 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
should	M)	1. PLACE OF DEATH TO COUNTY Calver MARYLAND 2. USUAL RESIDENCE LYThere described. If Institution: Desidence before admissions of STATE COUNTY Calver
Poge ,		b. CTTY OR TOWN Historide corporate limits, write RURAL ond give nearest town) ond give nearest town) c. LENGTH OF STAY IN 1b c. CRY OBTOWN (If autside sorporate limits, write RURAL and give nearest town)
irector. les. prior ta	X	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
ryaut fi	/ `	3. NAME OF DECEASED (Type or print) Offer Last (1. DATE OF DEATH 5 1960
to the far the the r		5. SEX WIDOWED DIVORCED 5/15/58 9. AGE (In year) IFUNDER 1YEAR IF UNDER 24 HRS. WIDOWED DIVORCED 5/15/58 9. AGE (In year) Lost birthdoy) Months Days Hours Min.
and 3 be retained and 2 will		10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
S moy	1-	13. FATHER'S MAIDEN NAME Johnson
Poge File po	(1)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address Life war or dates of services] [16. SOCIAL SECURITY NO. 17. INFORMANT Address Life was a services]
rm PM3 permit.	`	18. CAUSE OF DEATH [Enter only one cause per Inter (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) MMEDIATE CAUSE (b) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (c)
with for- transit		Conditions, if ony, which) (5)
n pencil alang buriol		gove rise to immediate cause (a), stating the underlying cause last. (c)
ding" is office sed as	(THART OF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIVENSE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 10
d 'pen ominer'		200. PATERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)
the war fical Ex e 3 shar		20c_TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg. etc.) Description of the control of work 19 19 19 19 19 19 19 1
Mer Pog		21. I certify that I taak charge of the femains described above, held an Autapsy, Inspection, Inquiry, and find that
Chief Tok:		death resulted from: Netural causes . Accident . Suicide . Hamicide . Undetermined cause .
tificat o the DIREC		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER (
e cer rded	Joval.	EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER TO THE TYPE DEPUTY MEDICAL EXAMINER TO THE TYPE TO THE
for Arded	or rith	220 BURIAL) CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
S. A15ME(0 0	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/55	194	P. E. Sowell. Grince trederict 0114 10'60 ariling & there

PERSONAL SYMMINEST CERTIFICATE OF DEATH records on the bull to not be the said of the said THE PROPERTY OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 055725596 CERTIFICATE OF DEATH Reg. Dist. No the funeral director, should be filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) p. COUNTY o STATE **6 COUNTY** MARYLAND ter deoth. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest lown d. NAME OF HOSPITAL (if not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OMINSTITUTION YES NO IN and NAME OF Middle 4. DATE Month Doy Year DECEASED OF DEATH (Type or print) 19 9. AGE (In year) H UNDER TYEAR IF UNDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX Months Days WIDOWED [DIVORCED [USUAL OCCUPATION [Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? duting most of working life, even if retired) offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician aftending physical 72-hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIÁL SECURITY NO INFORMANT Address (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) ond (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (o) that **DUE TO** Conditions, if any, which (b) gave rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) certificate 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (Slole) factory, street, office bldg., etc.) Hour o. m. Not while of work at work p. m. 21. I certify that Lattended the deceased from 19.60 that I last saw the deceased and that death accurred at 22 A.M. from the causes and an the date stated above. alive an_ ADDRESS (Street, city or town, slote) ACTUAL SIGNATURE should the registrar DETERMINED NAME (Type) 270 BURIAL, GREMATION, 226. DATE THEREOF 22c. MAME OF CEMETERY OR FREMATORY 22d LOCATION (City, town, or county) pode (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57



ofter death.



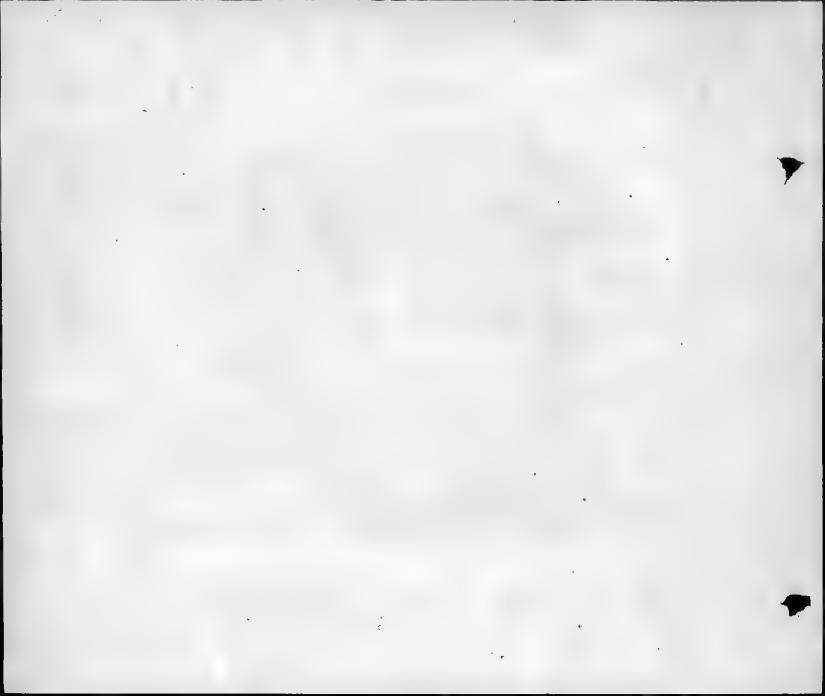
TY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any charge is necessary, please executed within 24 hours ofter death. If any charge is necessary, please executed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained for your files.

FUNERAL DIRECTOR Page 3 should be used a a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, arematan ar remayal. M

I

10	7	_	10	
VS.	A	15	ME	5}
5	M	9/	55	

, ====================================	559 SMEDICAL EXAMINER'S	Reg. Dist. No.
1	o. COUNTY	
	MARYLAND	2. USUAL RESIDENCE (9) de desdated lived. If Institution: Rhyldence before admission) 6. STATE b. COUNTY Country Countr
	b. CITY OR TOWN (It outside corporate minter of the RURAL) c. LENGTH OF STAY IN 16	BY OR TOWN (If outside corporate limits, well RURAL and give nearest town)
/ _	E. PRAME OF HUSPITAL OF INSTITUTION, (If not in hospital, give street godfess)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES \(\sum \) NO
	NAME OF OECEASED (Type or print) First Middle	Porce J. DATE Month Doy Year 1960
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1	Nov. 26, 1926 35 yrs. Months Days Hours Min.
L	On USUAL OCCUPATION (Give kind of work done 10%, ITND OF BUSINESS OF HNDUS during most of working life, even if retired)	34.5.Q.
	Is FATHERISANDE Por L	14. HOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. of whitnown) 11. (If yes, give wor of dote of service) 2/3-12-97.3/	Is. There fore Borres blind
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	interval Between ONSET AND DEATH
	Conditions, if ony, which) (b) other inter	ed region
	gove rise to immediate cause (o), stating the underlying cause lost.	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		nter nature of injury in Part 1 or Part II of Item 18.)
ì	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCUPRED 20e. PLA Hour p. m. 5 1950 of work of work of work	CEOF INJURY (Home, form, 201 City or Jones (Coopty) (Stole)
	21. I kertify that I took charge of the remains described about death resulted from: Natural causes . Accident . Su	ve, held on Autopsy ☐, Inspection ☐, Inquiry ☐, and find that cide ☐, Homicide ☐, Undetermined couse ☐.
	ACTUAL SIGNATURE TO Ward	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S H, N', WARD	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL ESPECIES May 5, 1962 Bromes Child	18 18
1	O. a. Hackakes From - Mules	Parel DATEMAY 5 '60 CINEMY S. KLOWA



Reg. Dist. No.

		PLACE OF DEATH d. COUNTY Calvert MARYLAND					2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY Calvert						
,	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest fown) Lower Marlboro			IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Lower Marlboro							
		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				/d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES □ NO ②							
		NAME OF First DECEASED (Type or print)			LOUISE		Losi		4. DATE OF DEATH	May	њ 14	Day	Yeor 1960
	5. 5	SEX 6 COLOR OR RACE 7. MAI		7. MAPR	IED NEVER MARRI	ED 971 8	DATE OF BIRTH		9.	AGE (In years	IF UNDER 1		
		Female	white	WIDOWE	D DIVORCE	D 🔲	March 4,		9.	bighday) yrs.	Months D	lays Hour	s Min.
	10a	USUAL OCCUPATIO	N (Give kind of work a ing life, even if retired	dane 10b.	KIND OF BUSINESS C	OR INDUS	IRY 13. BIRTHPLAC	CE (Stole	or foreign coul	niry)	12 CITIZ	EN OF WHA	AT COUNTRY?
		Housework			Domestic		Mary	la m			$\perp \cup$., 5.,	Α.
	13.	FATHER'S NAME					14. MOTHER'S M	AIDEN N	IAME				
		Alexander	Fowler				Ann Bu	ickl e	r				
1	15.	WAS DECEASED EVER	IN U. S ARMED FOR	CES? 16.	SOCIAL SECURITY NO). 17 IN	FORMANT			Add	ress		
	{Yes	, no, ar unknown)	If yes, give war or dates of s	etaice]		1	Mr. Jesse Wells, Huntingtown, Maryland						
		18. CAUSE OF DEATH [Enter only one coust por line for (a) (b) and (c).]											
		PART I. DEATH WAS CAUSED BY LOUGED PERSONNELLE RENER ONSE AND PEATH											
		4.42	X DUE TO									7	
		Conditions, if an	and the A										
		gave rise to immediate											
		lying cause last. Compared to the last of the last											
	Ž		ER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO TO	HE TERMI	NAL DISEASE (ONDITION GIV	EN IN PART I	(a) 19. WA	S AUTOPSY
0	CATIC											PERI	FORMED?
	CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	20b. DESC	CRIBE HOW INJURY O	CCURRED	. (Enter noture of (njury in f	art i ar Port II	of item 18.)			
	MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	f Manth, Day, Ye	er 20d, It While at wart	Not while		CE OF INJURY (Ha ory, street, effice b			r town)	(Co	unty)	(Stole)
		21. I certify the	at/ attended the	decease	ed from Mar	vI	1950.	10/1	lang/	4.1950	that Lla	ist saw th	e deceased
		alive on 5.	/12_	106	1	death	accurred at	BOL	M from	the causes of			
		11	177	-//	, 0	acami	A	Z		et, city or lown,			DATE SIGNED
		ACTUAL SIGNATURE	(1)	, <i>J</i> a	nd		. ()	Hana	hus	2		5/1	4/1/
		SIGNATURE	<u> </u>			^	10					and and are the	<i>f-/</i>
		PHYSICIAN'S NAME (Type)	H. W.	Ward			077	ings	<u> </u>	Mary!	land		
	220	BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC)F	22c. NAME OF CEM	ETERY OR	CREMATORY		22d. LOCATIO	ON (C ty, lown, i	or county)	(51	ate)
		Burial	May 16.	1960	Lower Ma	rlbo	ro Cemete	TV	Lower	Marlbon	ro. Ma		
	23.	FUNERAL DIRECTOR		11	ADDRESS		2	40. REC'	D BY REGISTRA	R 24b. REGI	STRAR'S SIGN	_	
	Z	Getskens	Funeral)	Lones	wings Mar	าซไลก	9 0	DATE M	AY 1 8 '60) a	Mus S.	Kruea	
*		a second	/	- 0	TALKS, MAL			4-17					

TO FUNEXAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fitted in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death. ALOR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 3 TO HO

VS A15 (4) 15M 9/55

hours after death. Page 4

that the Ah

2

TO FUN TO HOSE

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5600 **CERTIFICATE OF DEATH**

05576 Pen Dist

_			rg. Dist, 140.				
1.	o. COUNTY alvest MARYLAND	O STATE B. COUNTY	Residence before admission)				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lows) TRUNCE TRUNCE 24 days	c. CITY OR TOWN (If outside corporate limits, write-RURAL and give nearest town)					
	of NAME OF HOSPITAL (If not in hospital, give street address) Reliable founds Augustal	/ d STREET ADDRESS	e 15 RESIDENCE ON A FARM? YES [] NO				
	NAME OF DECEASED (Type or print) Catherine I, Hilliam	Last 4 DATE Month OF DEATH PROLE	Doy Year 19 1960				
	Z WIDOWED DIVORCED	Left 29 1993 lost birthdox Ma	JNDER TYBAR IF UNDER 24 HRS units Doys Hours Min.				
1	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired)	Calvery Tounty, Med.	2 CITIZEN OF WHAT COUNTRY				
	Tenlus Fatt	14. MOTHER'S MAIDEN NAME	lines				
15. {Ye	(Yes. no. of unknown) (If yes, give wor or dotes of service) 7/0- 1/0	Hert Lee Humphun	At Leonar Di				
	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	thembourg	INTERVAL BETWEEN ONSET AND DEATH				
	Conditions, if ony, which) To Columnation	- acter solerais					
	gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> DUE TO (c)						
FICATION			N PART I(e) 19 WAS AUTOPSY PERFORMED? YES NO				
A CERTIF	OR CONTRIBUTING I CAUSE OF DEATH OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Enter nature of injury in Part I or Part II of item 18 j					
MEDICA	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED to PLACE while Not while factor p. m. 19 of work of work	E OF INJURY IHome, form, 20f (City or town) y, street, office bldg., etc.)	(County) (Slate)				
	21. I certify that I attended the deceased from and that death as		at I last saw the deceased an the date stated abave				
	ACTUAL FREE CRAWOF M.D.	ADDRESS Street, city or town, state					
	PHYSICIAN'S TETTE CIECOTE	rept	KI 57				
	20. BURIAL CREMATION, 226. DATE THEREOF 22c NAME OF CEMETERY OR CO DIVILLA MANAGEMENT MAY 22 1960 Trateur Momo	rematory and packy seland all	why Chest Tide				
23	address Signature for Mittal : 7		R'S SIGNATURE MY S. KLAMA				



TO HOS

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

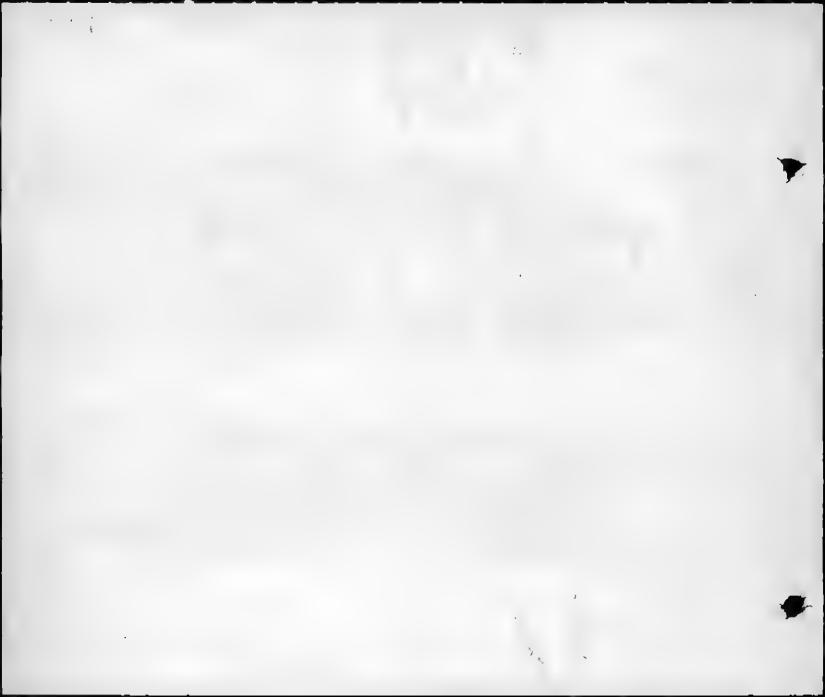
5601

CERTIFICATE OF DEATH

05577

		O	U
Rea. Dist.	No.		

1	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY								
	b. CITY OR TOWN (IF RURAL and give nec	to all	c. LENGTH OF STAY IN 16	c. CITY OR TOWN U		nits, write RURAL and g	give negrest fown)		
X	d. NAME OF HOSPITA OR INSTITUTION	I (If not in hospital, give street	oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO					
	3. NAME OF DECEASED (Type or print)	Elizabe	th May	King	4. DATE DEATH	Month	Day Year		
	5. SEX	6. COLOR OR RACE 7. MARR WIDOWE	DIVORCED []	8. DATE OF BIRTH	879 S	E (In years IF UNDER birthday) Months	TYPE IF UNDER 24 HRS Days Hours Min.		
	15 Tirel 18	He,ve kind of work done 10b. TM(STCS)	KIND OF BUSINESS OR INDI	Mutual	1 nd	12 CITI	ZEN OF WHAT COUNTRY?		
)	13. FATHER'S NAME	Nes/e4 IN U. S. ARMED FORCES 16.	Mills	Catheri	ner Eliz	rabeth !	ling		
	(Tel, no. or unknown)	yet, give wor or dofes of seryfce)		or. Helen M.	Milhad	An Owir	193 Md.		
	PART I. DEAT	H [Enter only one couse per lin H WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (a), (b), and (c).	writings		/ /	INTERVAL BETWEEN ONSEL AND DEATH		
	Conditions, if an gave rise to im		Lypertern	ing CV	disen	RC			
	couse (a), stating the lying couse last.	DUE TO	<i>"</i>						
	CAT	R SIGNIFICANT CONDITIONS C					PERFORMED?		
	200. ACCIDENT WAS OR CONTRIBUTING I	CAUSE OF DEATH		ED. (Enter noture of injury in					
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d IN While of work	Nat while to	LACE OF INJURY IHome, form actory, street, office bldg., etc	n, 20f. (City or tow	n) (C	ounty) (State)		
	21. I certify that alive an 21/4	t I attended the decease	/	1 -	M, from the		ast saw the deceased te date stated above		
	ACTUAL SIGNATURE	we K) et	,	M.D. C. 3	ADDRESS (Street, ci	ly or town, state]	5/2//60		
	PHYSICIAN'S NAME (Type)	PAGE C.	1277	- PRI	une f	KEDER LE	on Ma		
	220. BURIAL, CREMATION REMOVAL (Specify) 23 FUNERAL DIRECTOR'S	May 23 1960	enval	emotery	Bars	Town are county)	Ko., Md.		
	a.a. Trac	kness Hon	- mulua	DATE M	D BY REGISTRAR	246. REGISTRAR'S SIG			



TO HOS

VS A15 (4) . 15M 10/57

05578

CERTIFICATE OF DEATH 5602

Rose Diet Me

П		0000					LAS	g. Dist. 140.	
/	1. PLACE OF DEATH COUNTY Calvert Co				2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Pr. Geo s. Co.				
	ر	CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16			c. CETY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	7	Thinge Inedentick			Camp Spring	s. Maryl	and	16	19
	A NAME OF HOSPITAL (If not in haspital, give street oddress)				d. STREET ADDRESS	, , , , , , , , , , , , , , , , , , ,		Ţ,	e. IS RESIDENCE
4		a very Nursin	9 tome	5	550- Allent		S.E.		YES NO KK
	- (NAME OF DECEASED Type or print)	Middle	N	lever	4. DATE OF DEATH	May	Doy	19 6 0
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE In years IF UNDER 1 YEAR IF UNDER 1 Y							Hours Min.		
	10 ₀	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	05 KIND OF BUSINESS OR IN	DUSTRY	11 BIRTHPLACE (State	or fareign country)	1:	Z. CITIZEN O	F WHAT COUNTRY?
		Retired	Farmer		Germany			USA	
	13.	FATHER'S NAME		14	MOTHER'S MAIDEN N	AME			
		Unknown			Unknown				
1		WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	7. INFORMANT Address					
j		. no or unknown) (if yes, give wor or dates of service)		Euge	ne R. Meyer	Same	as #	2.	
		18. CAUSE OF DEATH [Enter only one couse po	er line for (a), (b), and (c).]	0				INTE	RVAL BETWEEN EP AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORDIVARY (CCLUSION)							
		420./ BULTO							
		Conditions, if ony, which) (b)	ARCINOMA	, 8	1 60101	1/		12	15/60
		gave rise to immediate		1					
		tying couse lost. (c) TRACTORE OF RICHT HUMERUS 4/12/60							
)	Z O	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH E	BUT NOT	RELATED TO THE TERMI	VAL DISEASE CON	DITION GIVEN IN	1 PART 1(0) 15	
	Z.	,							PERFORMED? YES NO NO
	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING [20b.	DESCRIBE HOW INJURY OCCUP	RRED. (En	ter nature of injury in P	art I or Part II of i	tem 18)		
	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	er.						
	3	20c. TIME OF INJURY Month, Doy, Year 20	d. INJURY OCCURRED 20e.		F INJURY (Home, farm,		n)	[County]	(Stote)
	MEDICAL		hile Nat white work at work	factory,	street, office bldg., etc.				•
	-	21. I certify that I attended the deco	47.16		1054 in N	14×12-	10/2 4		11 . 1 .
i		11 / - 11	1 11		., 19.5%, to 1/2				
		dive distribution of the date sided above.							
		ACTUAL AC							
		SIGNATURE 1 CALL	0	M.D.		1000		<i>real</i>	XII ()
		PHYSICIAN'S ABE	C. VETT		TRU	NOE!	REDE	RIC	Nº 114
	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY			22d LOCATION ((Stole)
		Burial May 4- 1960	Cedar Hill	Ceme	tery	Suitlan	d, Mary	Land	
	23.	FUNERAL DIRECTOR'S SIGNATURE	61- Good Hope	D-		BY REGISTRAR	24b REGISTRAR		
	1	Kommons Bras. No		YOU	d S.E DATE MA	Y 4 '60	Children.	A S. Three	p _u m-



5603 CERTIFICATE OF DEATH

Reg. Dist. No. 05579

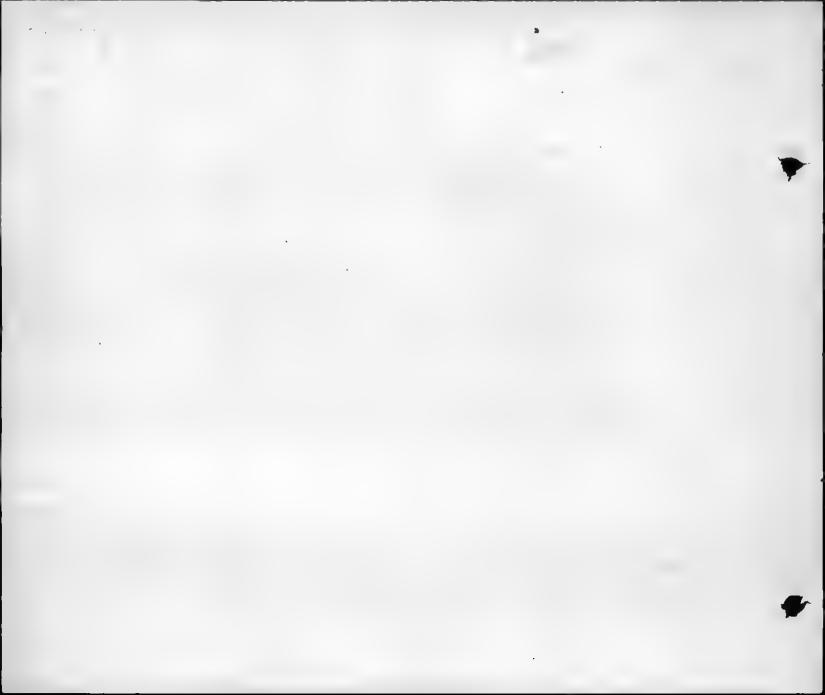
1		o. COUNTY Calvert MARYLAND			2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE Maryland b. COUNTY Charles							
		b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick 1 day			YINIb	c. CITY OR TOWN (If outside corporole limits, write RURAL and give nearest lawn) La Plata (Rural)						
1		of NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Calvert County Hospital				d. STREET ADDRESS e. IS RES DENCE ON A FARM? YES NO DO					FARM?	
		NAME OF DECEASED (Type or print)	PMNIE	Laura		WILL	ard	OF DEATH	Month Ma.y	_	S Gah	Year 19 60
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED			IED 🔲 B.	DATE OF BIRTI	Н	9 At	GE (In years IF	UNDER 1 YEA			
	_	Female White WIDOWED DIVORCED			-	Sept 25, 1874 last birthdoy) Months Days Hours Min.					Min,	
	10a	USUAL OCCUPATION during most of work	N (Give kind of work doning life, even if refired)		OR INDUST	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY					COUNTRYP	
	L	Housewife		Own Home		Virginia U.S.A.						
	13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NA	ME				
_		John Trac	y			Fliz	abeth !	Harrell				
			IN U.S. ARMED FORCES		0 17. INF	ORMANT			Address	,		
		No		NONE	Or	ville E	verett	Millar	d. La P.	lata, M	Maryl	and
		18. CAUSE OF DEA	TH [Enter only one couse	per line for (a), (b), and (c							TERVAL BE	TWEEN
		@	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	1:12-6762		1 2 .	2	1		101	IȘEȚ AND	DEATH
		DUE TO										
Conditions, if any, which) (b) 12 2 6 - let . (6.1 6										4 testanda		
		gove rise to immediate couse (a), stating the under-										
		lying couse lost. (c)										
im.	2	PART H. OTH		TIONS CONTRIBUTING TO DE	EATH BUT N	OT RELATED JO	THE TERMINA	AL DISEASE CON	IDITION GIVEN	IN PART I(o)	19. WAS	AUTOPSY
uno ^d	CERTIFICATION	PERFORMED? YES NO										
	L CERT	OK CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
	MEDICAL	20c. TIME OF INJURY Hour o. m.	1 11/7 11	20d. INJURY OCCURRED	20e. PLAC	E OF INJURY (I	Home, farm,	20f. (City or to	wn}	(County	}	(State)
	MEC	p. m.		While Not while of work at work	100.10	ry, sireer, ornice	r chag., etc.)					
		21. I certify that I attended the deceased from Little 19/26, to 11/2 22 , 19/26 , that I last saw the deceased										
1		alive an ILC - 1 . 1960 and that death occurred at - 2 M, from the causes and an the date stated above.										
		ADDRESS (Street, city or lown, state) DATE SIGNED										
		SIGNATURE JELES JEST M.D. Cresiste Justice 12										
		PHYSICIAN'S PARTY TO THE TOTAL										
	220	BURIAL, CREMATION	N, 22b. DATE THEREOF	22c NAME OF CEN	AETERY OR	REMATORY	27	d LOCATION	City, town, or c	ounty)	(Stol	el
		Burlal	5-5-60	Marbury				Marbury			10.01	-,
		FUNERAL DIRECTOR'S		ADDRESS			240. REC'D B	Y REGISTRAR	24b REGISTRA	AR'S SIGNATU	JRE	
		The Huntt	Funeral Hom	e, Waldorf, M	laryla	nd	DATEMAY	9 '60	arth	of 2. The	AR	

ENNIE Laura Millard

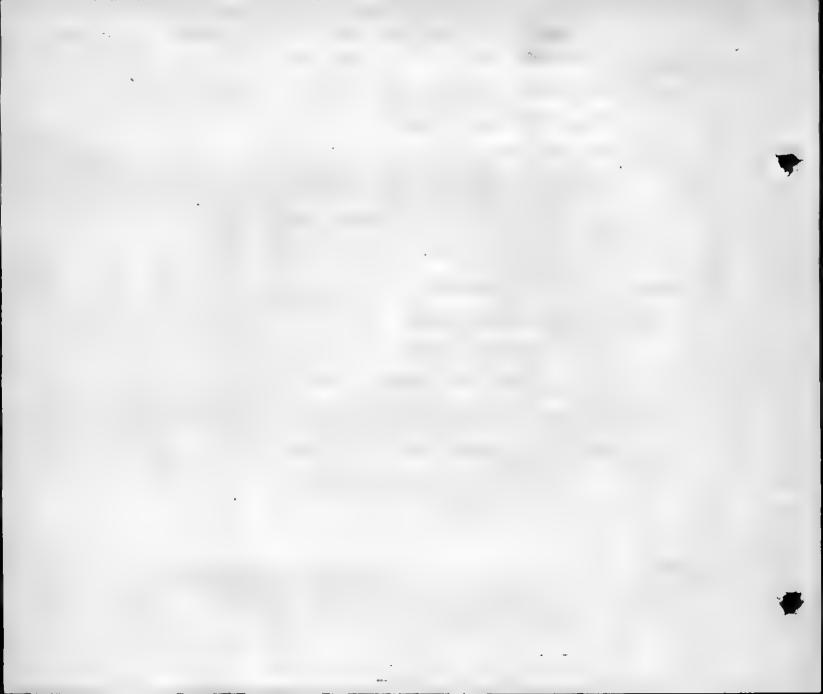
05580

		5604	CERTIFIC	ATE OF DEATH	1	Reg. Dist.	. No.
1.	PLACE OF DEATH	heet	MARTINA	2. USUAL RESIDENCE (W) o. STATE	nerefreeeased lived.	If institution Residence. COUNTY	there admission
	b. gity OR TOWN If outsu	de corporate lims, write-	c. LENGTH OF STAY IN 16	Control town (ile	outside corporate lim	nits, write RURAL and giv	re nearest town)
	OK INSTITUTION	not in harifatoi, give dreft	oddress)	STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	(Type or print)	eymon	A L Middle	mes Je	4. DATE OF DEATH	Month /	Day Year 1960
	111	OLOF OR RACE 7. MARK	D DIVORCED	Oct 5 19	2/ 2	Ø yrs.	oys Hours Min
	D. USUAL OCCUPATION (G. during plost of perking life	ve kind of work done 100-	turn	Mo		12. CITIŽ	EN OF WHAT COUNTRY
	MAN DECEMBED EVER IN U	s. S. ARMED FORCES 16	SOCIAL SECURITY NO. 177	Megrana Megrana	Ship	ett	
(1)	se un for (known) (II yes, (give wor or dotes of regice)	12.328410	Mrs. Raymon	d Sje	Dam	es pla
	PART I. DEATH WA	DIATE CAUSE (o)	for (o), (b), and (c).]	a			INTERVAL BETWEEN
	Conditions, if ony, wi	iote					
NO	lying couse lost. PART II. OTHER 510	(c)	ONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE COND	DITION GIVEN IN PART I	(o) 19. WAS AUTOPSY
TIFICATION	20g. ACCIDENT WAS UNIT OR CONTRIBUTING CA			RED. (Enter nature of injury in I			PERFORMED? YES NO
CAL CER	20c. TIME OF INJURY MEDIC	CAL EXAMINER)	IJURY OCCURRED 20e.	PLACE OF INJURY (Home, form	, 20f. (City or tow	n) (Co	unty) (Stole)
MEDICA	Hour o.m. p.m.	19 While of world	Not wille	foctory, street, office bldg., etc.	114	15	
	alive an 5	19	ond that deo		M, from the	causes and an the	st saw the deceased date stated above
	ACTUAL SIGNATURE	$-\omega u$	and	MO Euri	of M	A.	5/14/60
		b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY		ily, town, or county)	(Stote)
-	201707	NATURE TO SHE	MT 2/0N ADDRESS	240. REC'1	Le74 Id	24b. REGISTRAR'S SIGN	to a
1	imment for		court - eq	DATE MA	Y 1 7 '60	Ciribun S. 1	Caus

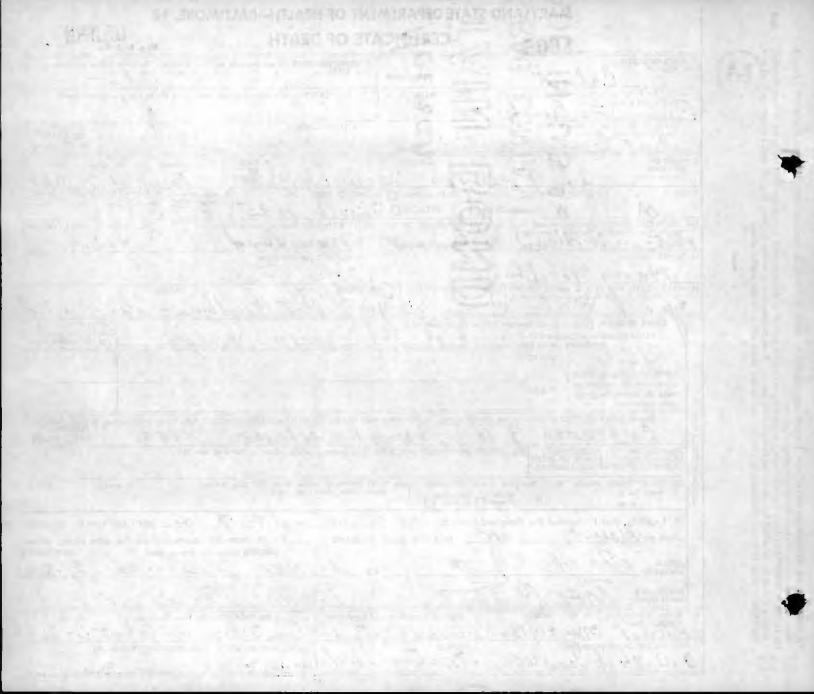
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



- 1	N	MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18
a R	200	56 SEDICAL EXAMINER'S CERTIFICATE OF DEATH (15581
of the state of th		Reguplet. No.
should should	(M)	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before odmissions) o. COUNTY O. STATE MARYLAND O. STATE M. COUNTY O. COUNTY O. COUNTY O. COUNTY O. STATE
Poge Puriol		c. LENGTH OF STAY IN 1b control of the rest of the res
rec.		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 1 e. IS RESIDENCE ON A FARM?
direction is		hone 20 2 floundy Cene YES NO 13
y our		3. NAME OF DECEASED PORT Middle 1. See L. DATE OF DEATH DOY YEAR 1 COS
o the forced for		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED 2/26 1909 9. AGE In years IFUNDER 14 HOUSE Min. Months Days Hours Min.
d 3 t		100. USUAL OCCUPATION (Give kind of work done 100. WIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
be ond		Volleman traking women funder 0,54
I 2 I 2 I 3		13. EATHER'S NAME Shelate 14. MOTHER'S MANE SHELLE
A nous		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 10 SOCIAL SECURITY NO. 17, INFORMANT
ive P		(1) [1] [1] you give wor or defect of service) (NKNOY) Lesh Keletter
PAG.		18. CAUSE OF DEATH [Enter only one cause par fine for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
18 E		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DOWN
in Ite	✓	Conditions, if days which) (5) Tell Off A. J.
pencil pencil olang buriol		gove rise to immediate couse (a), stating the underlying couse last. (c)
fice in a	*	PART H. OTHER SIGNIFICANE CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
S. S		3 Marked ashore of Osegue 1 MIS NOT
d 'per ominer	400	200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH. 200. EXTERNAL CAUSE WAS 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION
the world icol Ex		20c. TIME OF INJURY Month, Day, Year Hour o. m. 20d. INJURY OCCURRED While Not while of work of work at work at work
Med	n 3	21. I certify that I taak charge af the remains described above, held an Autopy, Inspection, Inquiry, and find that
Chief		death resulted from: Natural causes . Accident . Suicide . Homicode . Undetermined cause .
iffica the the	,	SIGNATURE TO WAR AND CHIEF MEDICAL EXAMINER DATE SIGNED.
5 5 7 4	Marie Marie	ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER OFFICE OF THE PROPERTY OF THE PROP
forwarded FUNERA	or ren	220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF CLEMATORY 22d. LOCATION (City, town, or county) (State)
		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
S. A15ME 5M 9/55	, ,	The Control Street DATE AUN 1 '60 Control & House
	4	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND Ite	STATE DEPARTMENT OF HEALTH—BALTIMORE, 1 8 PilmG263 5-19-60 et CERTIFICATE OF DEATH	18
607	CERTIFICATE OF DEATH	Reg.

5607 Ite	CERTIFICA	ATE OF DEATH	1	(15583 Reg. Dist. No.				
1. PLACE OF DEATH o. COUNTY Calvert	MARYLAND	2. USUAL RESIDENCE (WAS STATE Maryland	ere deceased lived. If institution b. COUNTY	n: Residence before admission)				
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	IRAL and give nearest town)					
Prince Frederick		Benedict		08X-2				
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION Calvert County Hosp:		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO				
3. NAME OF BECEASED (Type or print) John You	Middle	Lost	4. DATE Month OF DEATH May 8					
S. SEX 6. COLOR OR RACE 7. MARRI		B. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.				
Male Negro WIDOWE	D DIVORCED	Nov. 2 . 1888	1882 77 yrs.	Months Doys Hours Min.				
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY				
Laborer		Maryland		U.S.A.				
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME					
John Young		Henriett	a Young					
NS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 19 [If yes, give wor or dates of service]	10	ord Butley, 14	Addres 1686irar 1 St.	Wash D.C.				
18. CAUSE OF DEATH [Enter only one couse per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if days which gave rise to immediate couse (a), stoting the under- lying couse lost.	Heart of	veelus	schwer	ONSET AND DEATH				
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI		N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO				
20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)								
20c. TIME OF INJURY Month, Doy, Year Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of twork of two								
21. I certify that I attended the deceased fram. May 1960, to May 1960, that I last saw the deceased alive on May 1960, and that death occurred at 1960, Mr. from the causes and an the date stated above.								
ACTUAL SIGNATURE ACTUAL SIGNATURE ACTUAL SIGNATURE M.D. M. from the causes and an the date stated above. ACTUAL SIGNATURE M.D. M.D.								
PHYSICIAN'S RAME (Type) RAE (PHYSICIAN'S RAF CICCARREACMB							
220. BURIAL, CREMATION, 226. DATE THEREOF BUY 1 2 May 11, 1960	22c. NAME OF CEMETERY O	R CREMATORY	Bryantou	in Md.				
23. FUNERAL DIRECTOR'S SIGNATURE THE HUNTT FUNEVAL HOME	e Waldorf,	Md DATE M	11 4 7 100	THAT SIGNATURE				

